



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

December 3, 2007

Renee' Quinton, Administrator
Quinton Manor
3440 S Yellowstone Highway
Idaho Falls, ID 83402

License #: RC-175

Dear Ms. Quinton:

On July 18, 2007, a complaint investigation, state licensure survey was conducted at Quinton Manor. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Sydnie Braithwaite, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

SYDNIE BRAITHWAITE, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

SB/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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August 9, 2007

Renee' Quinton, Administrator
Quinton Manor
3440 S Yellowstone Highway
Idaho Falls, ID 83402

Dear Ms. Quinton:

On July 18, 2007, a complaint investigation, state licensure survey was conducted at Quinton Manor. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 24, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Jamie Simpson". The signature is fluid and cursive.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/18/2007
NAME OF PROVIDER OR SUPPLIER QUINTON MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 S YELLOWSTONE HIGHWAY IDAHO FALLS, ID 83402		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health care survey and complaint investigation conducted at your facility. The surveyors conducting the standard health care survey and complaint investigation were:</p> <p>Sydnie Braithwaite, RN Team Coordinator Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Quinton Manor</i>	Physical Address <i>3440 S. Yellowstone Hwy</i>	Phone Number <i>(208) 524-1458</i>
Administrator <i>Renee Quinton</i>	City <i>Idaho Falls</i>	ZIP Code <i>83402</i>
Survey Team Leader <i>Polly Watt-Geier</i>	Survey Type <i>Standard / Complaint</i>	Survey Date <i>7/09/07 - 7/11/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	225	The facility did not develop a Behavior Management Plan to guide staff on consistent interventions for Resident #3 and a random resident.		
2	260.06	The facility did not maintain a clean, safe, and orderly interior: Room #11 had a strong urine odor and the bathroom had brown smudges on the toilet and sink cabinet as well as a brown ring around bottom of toilet. Both bedsprads in Room #8 had stains on them and the bedspread in Room #7 was dirty, including a 5" x 7" black stain. The sofa cushions in the same Room were stained black. There was black build up next to the handles on kitchen cabinets and bottom of kitchen door was peeling away; no weather stripping found on left of door.		

Response Required Date <i>8/11/07</i>	Signature of Facility Representative <i>Renee Quinton</i>	Date Signed <i>7/11/07</i>
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Quinton Manor</i>	Physical Address <i>3440 S. Yellowstone Hwy</i>	Phone Number <i>(208) 524-1458</i>
Administrator <i>Renee Quinton</i>	City <i>Idaho Falls</i>	ZIP Code <i>83402</i>
Survey Team Leader <i>Polly Watt-Heier</i>	Survey Type <i>Standard / Complaint</i>	Survey Date <i>7/11/07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
3	300.01	The facility RN did not document any delegation of nursing functions, including medication assistance.		
4	310.01	The facility did not have bulk OTC medications properly stored in blister packs or med sydes or have a warehouse for over-the-counter medications.		
5	310.03	The facility failed to keep track of controlled substances.		
6	310.04.c	The facility did not provide behavior updates every six months to the physician for those residents taking psychotropic medications.		
7	320	3 of three residents did not have a current NSA.		
8	350	The facility did not complete Incident & Accident reports on Residents # 3 and 4 when incidents occurred.		
9	600.06.b	The facility did not have a caregiver who was first aid & CPR certified within the facility at all times.		

Response Required Date <i>8/11/07</i>	Signature of Facility Representative <i>Renee Quinton</i>	Date Signed <i>7/11/07</i>
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name Quenton Manor	Physical Address 3440 S. Yellowstone Hwy	Phone Number (208) 524-1458
Administrator Renee Quenton	City Idaho Falls	ZIP Code 83402
Survey Team Leader Patty Watt-Speer	Survey Type Standard / Complaint	Survey Date 7/11/07

NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed _____

8/11/07

Renee Grinton

7/11/07



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August 9, 2007

Renee' Quinton, Administrator
Quinton Manor
3440 S Yellowstone Highway
Idaho Falls, ID 83402

Dear Ms. Quinton:

On July 18, 2007, a complaint investigation, state licensure survey was conducted at Quinton Manor. The survey was conducted by Polly Watt-Geier, MSW and Sydnie Braithwaite, RN. This report outlines the findings of our investigation.

Complaint # ID00002706

Allegation #1: An identified resident was neglected by the facility, when she was allowed to crawl around on her hands and knees and sustained wounds on her knees and ankles.

Findings: Review of the identified resident's record revealed a UAI dated October 18, 2006. It documented the resident needed moderate assistance with mobility. It also documented the identified resident used a cane due to a fall at school and had sustained a fractured left ankle. Additionally, it documented the resident had a brace on her foot, walked slowly and transferred independently.

Review of the facility nurse assessments documented the following: In May 2006, the resident broke her ankle and was moved to a skilled rehab facility. On October 30, 2006, the resident was back at the facility, was not moving her right leg and shuffled along with poor balance. On January 31, 2007, the resident was in the hospital.

Between July 9, 2007 and July 11, 2007, the facility administrator and nurse were interviewed. They stated the resident had fallen in May 2006 and had sustained a fracture to her left ankle. She was taken to the hospital for surgery and then sent to a skilled facility for rehabilitation. The resident returned to the facility in August 2006 and used a walker and cane for mobility. Around October 2006, the resident's right leg became immobile; she was taken to the physician's office and evaluated. The resident became a 2 person assist and was transferred by wheelchair for longer distances but still used her walker and cane for short distances. The resident required

further surgery on her ankle and was transported back to the hospital and then was placed into a skilled facility. They denied the resident had crawled around on her hands and knees.

On July 10, 2007 at 12:26 p.m., the identified resident's case managers were interviewed and stated the identified resident was never seen crawling on hands and knees. They stated the identified resident did have swollen knees and scabs from previous falls, but did not recall wounds on her knees. Additionally, on January 7, 2007 the identified resident was diagnosed with osteomyelitis.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined the resident had crawled on her hands and knees and sustained pressure ulcers during the complaint investigation.

Allegation #2: A identified resident was physically and verbally abused by staff and other residents.

Findings: On July 10, 2007 between 12:45 p.m and 2:45 p.m., 8 random residents were interviewed. There were no complaints of physical or verbal abuse by staff or other residents.

On July 10, 2007 at 12:26 p.m., the residents' case managers were interviewed. They stated they had never received a complaint from any of the residents about physical or verbal abuse from the staff or other residents at the facility.

Conclusion: Unsubstantiated. Although it may have occurred, it could not be determined during the complaint investigation.

Allegation #3: An identified staff member did not have specialized training to re-direct or intervene when an identified resident became violent after he smeared feces on the toilet, sink and floor.

Findings: On July 10, 2007 at 10:26 a.m., the administrator was interviewed. She stated the resident had wiped feces all over his room and an identified staff member had confronted the resident, which made the identified resident physically aggressive with the staff member. To protect himself and the resident, the staff member held the resident until he calmed down and then let him go immediately afterwards.

On July 10, 2007 at 3:35 p.m., the identified staff member was interviewed. He stated the resident was asked to assist in cleaning up the feces, which the identified resident had wiped all over his room. The identified resident denied that he had wiped the feces all over the room and when he was confronted he began hitting and scratching the staff member. The staff member held the resident to protect himself and the identified resident from harm until the resident calmed down. The identified staff member stated he no longer asks the resident to assist with the cleaning of his room and has not had any other issues with the resident.

Renee' Quinton, Administrator

August 9, 2007

Page 3 of 3

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.630.03 for not having specialized training to assist with interventions and behavior management. The facility was required to submit evidence of resolution within 30 days.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



SYDNIE BRAITHWAITE, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

SB/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Sydnie Braithwaite, RN, Health Facility Survey